Kentucky Employees' Health Plan

2022 Prescription Benefits

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Hi, we're CVS Caremark. We manage your prescription benefits.

The source for data in this presentation is CVS Health Enterprise Analytics unless otherwise noted. Please see the disclaimer page at the end of this presentation for more information.

CVS Caremark

makes sure you have access to affordable medication – when and where you need it

You've probably heard of:

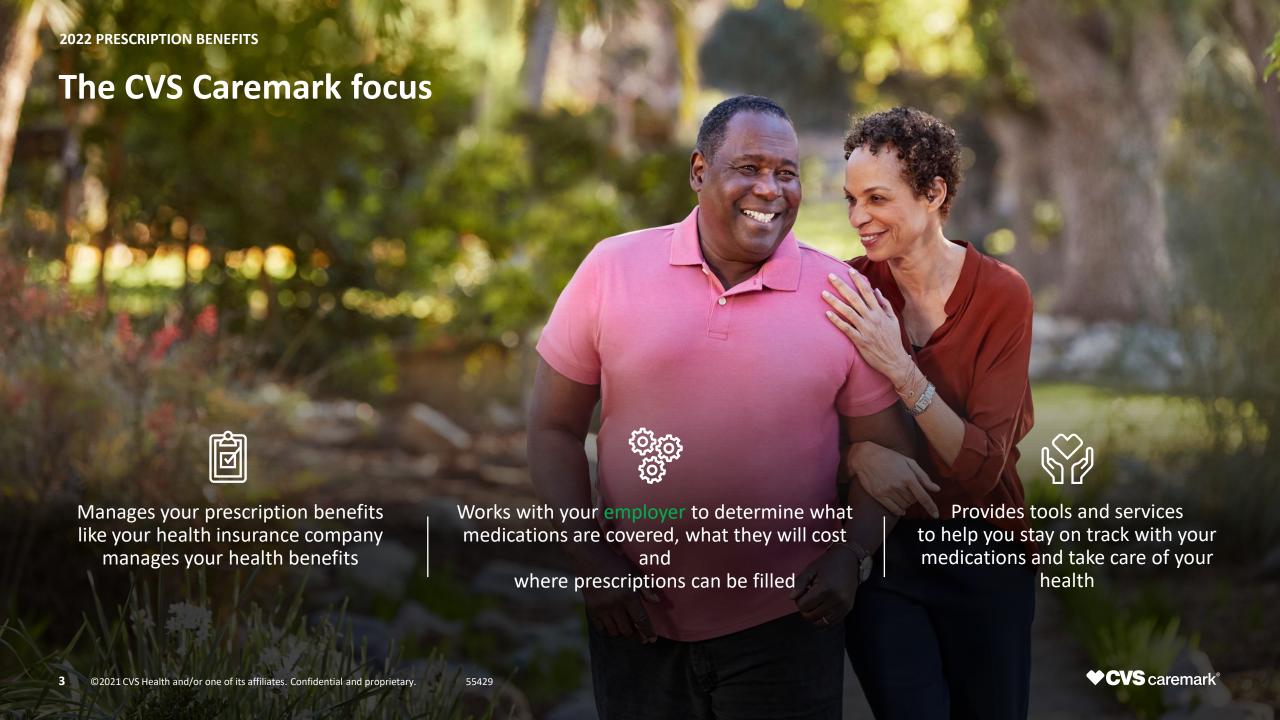
CVS Pharmacy

MinuteClinic

CVS HealthHUB locations

We're all part of the CVS Health family, working together to help you on your path to better health





Everything you need to manage your medications anytime, anywhere

Caremark.com and the CVS Caremark app



Review your plan details



Check medication costs and find ways to save



Find in-network pharmacies or start delivery by mail



Order mail service refills and track shipments



View history of your prescriptions



Track progress toward your deductible or out-of-pocket maximum



Set alerts and reminders to help you stay on track

Once you're registered, download the CVS Caremark app from your preferred app store to manage your medications on your smart phone

Registering at Caremark.com

When can I register?

If you already have prescription benefits with CVS Caremark

Register any time using your member ID number (on your member ID card)



Remember — you won't see any changes for the upcoming plan year until 1/1/2022

If you're new to CVS Caremark prescription benefits

You can register on or after 1/1/2022



Living Well CDHP

	30-Day Supplies CVS Caremark Retail Pharmacy Network	90-Day Supplies CVS Caremark Mail Service Pharmacy & Retail- 90 Pharmacy Network
Tier 1: Generics	15% coinsurance after deductible	15% coinsurance after deductible
Tier 2: Preferred Brands	15% coinsurance after deductible	15% coinsurance after deductible
Tier 1: Generics - Diabetes, COPD & Asthma Value Benefit	0% coinsurance (no deductible for covered diabetes, COPD, and Asthma medications)	0% coinsurance (no deductible for covered diabetes, COPD, and Asthma medications)
Tier 2: Preferred Brands - Diabetes, COPD & Asthma Value Benefit	10% coinsurance (no deductible for covered diabetes, COPD, and Asthma medications)	10% coinsurance (no deductible for covered diabetes, COPD, and Asthma medications)

Annual Deductible:

\$1,500 Single / \$2,750 Family

(Medications on the preventive drug list bypass the deductible)

Maximum
Out-of-Pocket:
\$3,000 single /
\$5,750 Family



Living Well PPO

	30-Day Supplies CVS Caremark Retail Pharmacy Network	90-Day Supplies CVS Caremark Mail Service Pharmacy & Retail- 90 Pharmacy Network
Tier 1: Generics	\$15 copay	\$30 copay
Tier 2: Preferred Brands	\$40 copay	\$80 copay
Tier 1: Generics - Diabetes, COPD & Asthma Value Benefit	\$0 copay	\$0 copay
Tier 2: Preferred Brands - Diabetes, COPD & Asthma Value Benefit	\$25 copay	\$50 copay

Annual Deductible: None

Maximum
Out-of-Pocket:
\$2,500 single /
\$5,000 Family



Living Well Basic CDHP

	30-Day Supplies CVS Caremark Retail Pharmacy Network	90-Day Supplies CVS Caremark Mail Service Pharmacy & Retail- 90 Pharmacy Network
Tier 1: Generics	30% coinsurance after deductible	30% coinsurance after deductible
Tier 2: Preferred Brands	30% coinsurance after deductible	30% coinsurance after deductible
Tier 1: Generics - Diabetes, COPD & Asthma Value Benefit	0% coinsurance (no deductible for covered diabetes, COPD, and Asthma medications)	0% coinsurance (no deductible for covered diabetes, COPD, and Asthma medications)
Tier 2: Preferred Brands - Diabetes, COPD & Asthma Value Benefit	25% coinsurance (no deductible for covered diabetes, COPD, and Asthma medications)	25% coinsurance (no deductible for covered diabetes, COPD, and Asthma medications)

Annual Deductible:

\$2,000 Single /

\$3,750 Family

(Medications on the preventive drug list bypass the deductible)

Maximum

Out-of-Pocket:

\$4,000 single / \$7,750 Family



Living Well Limited HDHP

	30-Day Supplies CVS Caremark Retail Pharmacy Network	90-Day Supplies CVS Caremark Mail Service Pharmacy & Retail- 90 Pharmacy Network
Tier 1: Generics	50% coinsurance after deductible	50% coinsurance after deductible
Tier 2: Preferred Brands	50% coinsurance after deductible	50% coinsurance after deductible
Tier 1: Generics - Diabetes, COPD & Asthma Value Benefit	0% coinsurance (no deductible for covered diabetes, COPD, and Asthma medications)	0% coinsurance (no deductible for covered diabetes, COPD, and Asthma medications)
Tier 2: Preferred Brands - Diabetes, COPD & Asthma Value Benefit	45% coinsurance (no deductible for covered diabetes, COPD, and Asthma medications)	45% coinsurance (no deductible for covered diabetes, COPD, and Asthma medications)

Annual Deductible:

\$4,250 Single / \$8,250 Family

(Medications on the preventive drug list bypass the deductible)

Maximum
Out-of-Pocket:
\$5,250 single /
\$10,250 Family



Terms and ways to manage your medication

Some medications require you to take additional steps, or receive additional approvals, before they are covered under your plan. These could include:

Quantity limit A limit on the amount of medications your plan will cover. You can continue to fill prescriptions after you've reached the limit, but you'll be responsible for any additional costs.

Step therapy For many conditions, more than one therapeutically equivalent medication option is available, and your plan may choose one medication as the preferred option. Step therapy means you need to try the preferred option first. If it works for you, you can continue to take it and may save money. If not, non-preferred medications will be covered.

Prior authorization This means we need more information on why your doctor has prescribed a specific medication for you. The information is reviewed to determine whether your medication will be covered by your plan.

Appeals If your or your doctor's request for coverage of a non-covered medication is denied, you have the right to appeal that decision.

- Find more information on these topics in your summary plan description (SPD).
- Use the Check Drug Costs & Coverage tool at Caremark.com to find out what medications are covered, if there are extra requirements for coverage and how much they will cost.
- Remember: Medications are only covered when you fill your prescriptions at a network pharmacy. Find network pharmacies near you with the *Pharmacy Locator* at Caremark.com



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Retail 90



Get the medications you take regularly (such as diabetes, asthma or high blood pressure medications) in 90-day supplies **90-day supplies are more convenient** and may cost less

To find a pharmacy in your plan's Retail 90 network, sign in to Caremark.com







2022 PRESCRIPTION BENEFITS

The Affordable Care Act (ACA) Preventive Services Drug List includes:

Certain medications, supplements or products to:

- ✓ Prevent certain health conditions
- ✓ Help you quit smoking or using tobacco
- ✓ Prepare for certain health screenings in adults

Vaccines and immunizations to prevent certain illnesses in infants, children and adults

Contraceptives for women

Find the full list at Caremark.com



HDHP Preventive Drug List

Even if you haven't met your deductible, these medications bypass your deductible and are covered from day one of the plan year:

Certain medications, supplements or products to:

- ✓ Manage certain health conditions, like high blood pressure, diabetes or high cholesterol
- ✓ Help you quit smoking or stop using tobacco
- ✓ Prepare for certain health screenings in adults

Vaccines and immunizations to prevent certain illnesses in infants, children and adults

Contraceptives for women

Find the full list at Caremark.com

* Living well CDHP, Living well Basic, and Living well Limited HDHP

Please note: your exact benefits may vary – see your benefits materials for details.







Transform Diabetes Care

provides the right amount of guidance and support based on your needs and preferences.

With the CVS Health Tracker app, you can monitor your glucose, calories and more. To stay on track, you can message with a health coach and get personalized support from a Certified Diabetes Care Nurse.*

If you're managing diabetes, you're enrolled automatically, so stay tuned for program details – we'll be in touch soon to help you get started.

*Certified Diabetes Care Nurses do not diagnose or treat conditions. Their role is to connect members to appropriate resources and help identify and close gaps in care. Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.





*Some manufacturers require you to sign up to take advantage of the copay assistance that they provide for their medications – in that case, you must call PrudentRx to participate in the copay assistance for that medication. PrudentRx will also contact you if you are required to enroll in the copay assistance for any medication that you take. If you do not return their call, choose to opt out of the program, or if you do not affirmatively enroll in any copay assistance as required by a manufacturer, you will be responsible for 30 percent of the cost of your specialty medications.

The Kentucky Employees' Health plan is working with PrudentRx to reduce your out-of-pocket costs for specialty medications to \$0

- ✓ Pay \$0 for any medication on your plan's Exclusive Specialty Drug List for as long as you're enrolled – even if there is no copay program available
- ✓ PrudentRx works with manufacturers to get copay assistance for your medications
- ✓ PrudentRx handles all the details for you no need to worry about renewals or expiration dates

Watch your mailbox for more information. Your enrollment in the program will be started automatically, but some additional steps may be required.* You can choose to opt-out at any time. If you opt-out, you'll have to pay 30 percent of the cost of your medication

* PPO plan offering only

Please note: the amount paid for your medication by manufacturers is not applied to your deductible/MOOP.



Thank you

Legal disclaimers

Products that qualify as preventive services may be available at a lower cost share or no cost share, depending upon your plan, and may change from time to time. Please check your plan benefit materials should you have any questions about your coverage.

Flu shots and vaccines may not be available in all pharmacies at all times. Call for availability and to make an appointment, if needed. Most vaccines require a prescription (except for the flu shot). Contact your medical carrier directly to find what vaccine benefits are available at other medical facilities such as a doctor's office, urgent care, etc.

Certain drug options identified above may be subject to additional prior authorizations or other plan design restrictions. Please consult your plan for further information.

Copayment, copay or coinsurance means the amount a plan member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

This information is not a substitute for medical advice or treatment. Talk to your doctor or health care provider about this information and any health-related questions you have. CVS Caremark assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information. This document may contain references to brand-name prescription medications that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.

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